**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Taiichi Miya et al. Examiner: Thiem D. Phan  
Application No.: 10/607,594 Confirmation No.: 5978  
Filed: June 27, 2003 Group Art Unit: 3729  
For: SLACK-FORMING MECHANISM FOR STATOR COIL

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL LETTER**

Sir:

Transmitted herewith is a Reply to Office Action dated September 9, 2005 for the above-identified patent application.

**FEE FOR ADDITIONAL CLAIMS**

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total Claims	4	- 20*	= 0	x \$50.00	= \$0.00
Independent Claims	2	- 3**	= 0	x \$200.00	= \$0.00
First Presentation of a Multiple Dependent Claim				+ \$360.00	= \$0.00

\* If less than 20, insert 20.

\*\* If less than 3, insert 3.

**TOTAL = \$0.00**

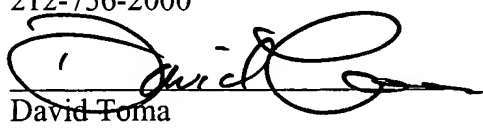
- ☐ A check in the amount of \$XXX in payment of the fee for additional claims is transmitted herewith.
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-0675, Order No. 051319.0047. A duplicate copy of this transmittal letter is transmitted herewith.
- ☐ Please Charge \$XXX to Deposit Account No. 50-0675 in payment of the fee for additional claims. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

- ☐ The following extension fee is applicable to the Response filed herewith: \$XXX extension fee for response within one month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of \$XXX in payment of the extension fee is transmitted herewith.
- ☒ The Commissioner is hereby authorized to charge payment of any additional extension fee required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-0675, Order No. 051319.0047. A duplicate copy of this transmittal letter is transmitted herewith.
- ☐ Please charge \$XXX extension fee to Deposit Account No. 50-0675. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,

Schulte Roth & Zabel LLP  
919 Third Avenue  
New York, NY 10022  
212-756-2000

By:   
David Toma  
Agent for the Applicants  
Reg. No. 57,380

Dated: October 7, 2005  
New York, New York

Enclosure  
DT/ja

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CERTIFICATE OF MAILING

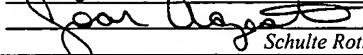
Date of Deposit: October 7, 2005

I hereby certify under 37 C.F.R. 1.8 that this correspondence and enumerated documents are being deposited with the United States Postal Service as First Class Mail with sufficient postage on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name:

Jean Agostini

Signature:

  
Schulte Roth & Zabel, LLP



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**RESPONSE TO RESTRICTION REQUIREMENT**

Sir:

In reply to the Office Action dated September 9, 2005, Applicants hereby provide the following in connection with the above-identified patent application:

**REMARKS** begin on page 2 of this paper.